

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101288288

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Handwritten notes: A diagonal line is drawn from row 1, column 3 to row 11, column 4. In row 11, column 3, there is a handwritten '1'. In row 20, column 6, there is a circled '8'. At the bottom of the first table, there are handwritten arrows and numbers: a downward arrow under 'TOTAL IND.', a leftward arrow under 'TOTAL DEP.' with '16' next to it, and a downward arrow under 'TOTAL CLAIMS' with '17' next to it. Similar arrows are present at the bottom of the second table.